

1999-415-C

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE:    ☐ IXC            ☒ CLEC            ☐ ILEC            ☐ Wireless

223227

**CERTIFICATED COMPANY INFORMATION**

ALEC, Inc.  
 \_\_\_\_\_  
 Company Name

859-254-9667  
 \_\_\_\_\_  
 Telephone #

250 W. Main Street Suite 1920  
 \_\_\_\_\_  
 Mailing Address

Lexington, KY 40507  
 \_\_\_\_\_  
 City, State, Zip Code

Same as above  
 \_\_\_\_\_  
 Business Location

\_\_\_\_\_ Fayette  
 City, State, Zip Code                      County

**REGISTERED AGENT INFORMATION**

Registered Agent: \_\_\_\_\_ National Registered Agents, Inc. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ 2 Office Park Ct. Suite 103 \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Columbia, SC 29223 \_\_\_\_\_

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A.        Jeff Carr                      11492 Bluegrass Pkwy Suite 107 Louisville, KY 40299  
**General Manager** (Include address if different than above.)  
 502-805-4102                      /                      502-267-7233                      /                      jcarr@singlepipe.net  
 Telephone Number                      Facsimile Number                      E-mail Address
- B.        Bridget O'Neil-Stukenborg  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
 502-805-4147                      /                      502-267-7233                      /                      boneill@singlepipe.net  
 Telephone Number                      Facsimile Number                      E-mail Address
- C1.       Jim Knabel  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
 502-805-4121                      /                      502-267-7233                      /                      jknabel@singlepipe.net  
 Telephone Number                      Facsimile Number                      E-mail Address
- C2.       1-888-721-7473  
**Customer Contact (Toll Free Number)**
- D.        Phil Crawford  
**Engineering Operations** (Include address if different than above.)  
 859-721-4223                      /                      859-721-4201                      /                      pcrawford@alec.net  
 Telephone Number                      Facsimile Number                      E-mail Address
- E.        Phil Crawford  
**Test and Repair** (Include address if different than above.)  
 859-721-4223                      /                      859-721- 4201                      /                      pcrawford@alec.net  
 Telephone Number                      Facsimile Number                      E-mail Address

F. NOC  
**Emergencies** (During non-office hours)  
1-888-721-7473 / /  
Telephone Number Facsimile Number E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Davis Wright Tremaine LLP 1919 Pennsylvania Ave NW Suite 200 Washington DC 20006  
**Regulatory Officer** (Include address if different than above.)  
2029734279 / 2029734499 / phudson@dwt.com  
Telephone Number Facsimile Number E-mail Address

H. N/A  
**Dual Party Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. \_\_\_\_\_  
**Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. Scott Edelen  
**Universal Service Fund Mailings** (Name)  
11492 Bluegrass Pkwy. Suite 107 Louisville, KY 40299  
Mailing Address  
502-805-4104 / 502-267-7233 / sedelen@alec.net  
Telephone Number Facsimile Number E-mail Address

K. Scott Edelen  
**Gross Receipts Mailings** (Name)  
11492 Bluegrass Pkwy. Suite 107 Louisville, KY 40299  
Mailing Address  
502-805-4104 / 502-267-7233 / sedelen@alec.net  
Telephone Number Facsimile Number E-mail Address

L. \_\_\_\_\_  
**Lifeline Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

Melissa Hackworth  
This form was completed by (print name) Melissa Hackworth Signature  
Operations Administrator 3/2/10  
Title Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 01/2010)